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PTO/SB/05 (P-00)

Approved for use through 10/31/2002. OMB 0651-0022

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

TI-36956

First Inventor

Lee A. Larson, sole inventor

Title

Apparatus and Method for Games Requiring Display of Individual Player Information

Express Mail Label No.

EU 662777825US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Commissioner for Patents
Box Patent Application
Alexandria, VA 22313

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.

3. ☒ Specification [Total Pages **10**]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **3**]

5. Oath or Declaration [Total Pages **2**]

- a. ☒ Newly Executed (original or copy)
b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ paper
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & documents(s))

10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

23494

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME **William W. Holloway**
Texas Instruments Incorporated

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CITY **Dallas** STATE **Texas** ZIP CODE **75265**

COUNTRY **USA** TELEPHONE **(281) 274-4064** FAX **(281)-274-3657**

Name (Print/Type) **William W. Holloway** Registration No. (Attorney/Agent) **26,182**

Signature *William W. Holloway* Date **August 20, 2003**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2003				<i>Complete If Known</i>			
<i>Patent fees are subject to annual revision.</i> Express Mailing Label No.: EU 662777825 US				Application Number			
				Filing Date			
				First Named Inventor		Lee A. Larson, sole inventor	
				Examiner Name			
				Group Art Unit			
TOTAL AMOUNT OF PAYMENT		(\$1236.00)		Attorney Docket No.		TI-36956	

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Deposit Account Number Deposit Account Name </div> <div style="width: 60%; border: 1px solid black; padding: 5px;"> 20-0668 Texas Instruments Incorporated </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 </div>				3. 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149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))																																																																																																																																																																																													
179	710	279	355	Request for Continued Examination (RCE)																																																																																																																																																																																													
169	900	169	900	Request for expedited examination of a design application																																																																																																																																																																																													
Other fee (specify) _____																																																																																																																																																																																																	
**or number previously paid, if greater; For Reissue, see above				*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)																																																																																																																																																																																											

SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	William W. Holloway	Registration No. (Attorney/Agent)	26,182
Signature		Telephone	(281) 274-4064
		Date	August 20, 2003